

# Questionnaire

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*\* indicates a required field*

**\* 1. Feeling nervous, anxious, or on edge.**

- Not at all (0)
- Several days (1)
- Over half the days (2)
- Nearly every day (3)

**\* 2. Not being able to stop or control worrying.**

- Not at all (0)
- Several days (1)
- Over half the days (2)
- Nearly every day (3)

**\* 3. Worrying too much about different things.**

- Not at all (0)
- Several days (1)
- Over half the days (2)
- Nearly every day (3)

**\* 4. Trouble relaxing.**

- Not at all (0)
- Several days (1)
- Over half the days (2)
- Nearly every day (3)

**\* 5. Being so restless that it's hard to sit still.**

- Not at all (0)
- Several days (1)
- Over half the days (2)
- Nearly every day (3)

**\* 6. Becoming easily annoyed or irritable.**

- Not at all (0)
- Several days (1)
- Over half the days (2)
- Nearly every day (3)

**\* 7. Feeling afraid as if something awful might happen.**

- Not at all (0)
- Several days (1)
- Over half the days (2)
- Nearly every day (3)

**\* If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people?**

- Not difficult at all
- Somewhat difficult
- Very difficult
- Extremely difficult